**European College of Veterinary Anaesthesia and Analgesia**

Application to sit (or re-sit) Part A Diploma Examinations

Instructions to Candidates:

* Candidates should read the **ECVAA Bylaws** (Article 6.2), the **Policies and Procedures** Chapter 9 and the **document on the website:** General Exam Information / New Examination Process in 2025, carefully before submitting this application.
* This form is required EACH time a candidate intends to sit or re-sit examinations.
* **Save this form as a PDF as: SURNAME\_Firstname\_Year\_Application\_to\_sit\_Part A**
* All forms must be submitted via the ECVAA website. In case of any difficulties with submission, contact website support at website.ecvaa@gmail.com
* Deadline for submission of this form: **1 December.**
* Receipt of this form will be acknowledged by ECVAA website support.
* **If you do not receive acknowledgement within 1 week, please contact the ECVAA Secretary and keep a copy of all communications.**

**1. NAME IN FULL** *(surname first, all in block capitals)*:

**2. MY PRONOUNS ARE** *(Please check appropriate box)*

She/her/hers [ ]  He/him/his [ ]  they/them/theirs [ ]

**3. POSTAL ADDRESS** for all correspondence

**4. MOBILE Phone** *(including country code)*:

**5. E-MAIL** *(please ensure this is the same as your email on the ECVAA website and that you check it regularly for updates on exams)*:

**6. DATE MY RESIDENCY COMMENCED**:

*(You must have completed at least 2 years of your residency by the date of Part A exam in March)*

**7. LANGUAGE OF EXAMINATIONS**

[ ]  I am confident to undertake a written examination in English

**8. EXAMINATIONS**

*Please read carefully and tick all relevant boxes*

[ ]  I have not taken any part of the examinations before

**OR**

[ ]  I have taken the examinations before

|  |  |  |
| --- | --- | --- |
| Date of **all** previous exams | Written / oral / Part A ? | Result of exams |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**9. EXAMINATIONS:**

[ ]  I intend to sit Part A of the Diploma examinations in March 20 XX

*(please complete the year)*

[ ]  I understand that I cannot revert to the old-style examinations once I have sat the new Part A examination

**10. EXAMINATION FEES**

[ ]  I have paid the prescribed fee via the ECVAA website / Bank transfer

*Please consult the relevant fee documents and send the appropriate amount of money in Euro or in Sterling (equivalent to the amount in Euro). You can also contact the Treasurer for the fee applicable to your situation (ecvaa.treasurer@gmail.com).*

**11. I HEREBY APPLY FOR**

[ ]  Permission to take the next Part A ECVAA examinations.

I certify that I have read and understood the Policies and Procedures of the ECVAA relative to the examination process, and I understand the ECVAA applies a "fit-to-sit" policy for the examination. Candidates who apply to sit the examination are declaring themselves "fit to sit", and appeals on the basis of physical fitness alone will not be considered. Should a candidate feel unwell during the examination process, they or their invigilator should immediately notify the Chairperson of the Examination Committee (exams.ecvaa@gmail.com).

Signature Date

By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at [www.ecvaa.org](http://www.ecvaa.org). If you do not agree with this Privacy Policy, please contact the ECVAA Secretary: ecvaa.secretary@gmail.com.